

NOTICE TO WATER SYSTEM USERS

QUARTERLY NITRATE MONITORING VIOLATION

We, _____ Water System, I.D. _____, located in _____ County are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not your drinking water meets health standards. We are required to monitor for nitrates on a quarterly basis. We have failed to meet the monitoring requirements for nitrate for the _____ quarters of _____ year. We cannot be sure of the quality of your drinking water at that time.

At this time:

- ☐ No action is required by the users.
- ☐ Our quarterly nitrate samples have been collected and did not exceed acceptable levels.
- ☐ Samples will be collected in the future as required.
- ☐ Other information for customers:

For more information, please contact _____ at () _____ - _____ or at _____.
(owner or operator) (phone number) (address)

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses.) You can do this by posting this notice in a public place or distributing copies by hand or mail.

This notice is sent to you by _____ Water System on ____/____/____

Quarterly Nitrate Monitoring Public Notice Certification Form

This section must be completed by Water System. Signature below indicates notice contained all required elements.

Complete the following items (check all that apply):

- ☐ Notice mailed to all water customers on ____ / ____ / ____.
- ☐ Notice hand delivered to all water customers on ____ / ____ / ____.
- ☐ Notice published in newspaper (attach copy)
- ☐ Notice posted at _____ on ____ / ____ / ____.

(By Department Approval Only)



Signature of owner or operator

Position

Date

The Department of Health is an equal opportunity agency. For persons with disabilities, this form is available on request in other formats. To submit a request, please call 1-800-525-0127 (TTY 1-800-833-6388).

Send copy of completed notification and certification to:

Denise Garrett-Berry, Office of Drinking Water, POB 47822, Olympia, WA 98504-7822 or fax to (360)236-2252